

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>1121 5th St NW</b>		Amount <b>6850.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-3605</b>	Transaction ID : <b>VN7GBA7DB69</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Heck, Joe, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>8771037.33</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FUSE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>802 N 1st St</b>		Amount <b>500.00</b>	
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63102-2529</b>	Transaction ID : <b>VN7GBA7DB77</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Feingold, Russ, D., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>4667671.39</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7350.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, , ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FUSE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>802 N 1st St</b>		Amount <b>500.00</b>	
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63102-2529</b>	Transaction ID : <b>VN7GBA7DB85</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Clinton, Hillary, Rodham, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>2058965.53</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>3050 K St NW</b> <b>Ste 100</b>		Amount <b>197112.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-5108</b>	Transaction ID : <b>VN7GBA7DAV4</b>
Purpose of Expenditure <b>Media Buy - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Johnson, Ronald, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>4667671.39</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>197612.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>236206.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DAW2 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Buy - Estimate	Category/ Type		
Name of Federal Candidate Johnson, Ronald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>73330.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DAX0 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Buy - Estimate	Category/ Type		
Name of Federal Candidate Young, Todd, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>309536.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>799808.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DAY8 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Buy - Estimate	Category/ Type		
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>13787.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DAZ6 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Buy - Estimate	Category/ Type		
Name of Federal Candidate Feingold, Russ, D., ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: WI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>813595.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>13787.00</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DB02		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>2058965.53</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>401249.00</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DB10		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Burr, Richard, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<b>5079751.97</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>415036.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>67188.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DB28
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ayotte, Kelly, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b> <b>X</b> *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>213000.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DB36
Purpose of Expenditure Previously Reported Media Buy With New Dissemination Date - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Toomey, Patrick, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>67188.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>84820.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DB44
Purpose of Expenditure Media Buy - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Toomey, Patrick, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>51891.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA7DB51
Purpose of Expenditure Media Buy - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Toomey, Patrick, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>136711.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>2551728.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature